Message

From: Rapicavoli, Emmanuelle [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FF3604A98B624BB7A1A9A236EC176998-ERAPICAV]

Sent: 7/10/2018 10:44:57 PM **To**: dan.fraser@bresnan.net

CC: 'JanDee May' [mayjd@bresnan.net]
Subject: RE: Sipaulovi & Mishongnovi

Thanks for your feedback. I agree we should discuss/document our policies before the next round of surveys. The DI team as assembled now pretty consistently calls all HRP#1s significant. I think as a group we have been issuing far more significant deficiencies in the last 3-4 years than in the past. The good news is that this often prompts them to get fixed. The downside is our workload tracking them all and the back and forth with pictures/documents from PWSs... that can get challenging. Anyway I look forward to our discussion.

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https://www.epa.gov/tribal/region-9-drinking-water-tribal-set-aside-program

<u>Please</u>: All data submittals to our office should be sent by email to <u>datamanager@epa.gov</u> with a copy to me (or your project manager in the Drinking Water Office). Data reports are due no later than the **10**th of the month following the month that you receive results, or the **10**th of the month following the compliance period, whichever comes first. Please include the whole lab report and copy of the Chain of Custody. Label with PWS name and number; & source or distribution system location codes or names for data collection points.

From: dan.fraser@bresnan.net [mailto:dan.fraser@bresnan.net]

Sent: Monday, July 9, 2018 7:10 PM

To: Rapicavoli, Emmanuelle <Rapicavoli.Emmanuelle@epa.gov>

Cc: 'JanDee May' <mayjd@bresnan.net>
Subject: RE: Sipaulovi & Mishongnovi

Emmanuelle:

Thanks. A few responses/comments.

Typically we call Health Risk Priority #1 deficiencies as "significant deficiencies" which triggers a formal regulatory process for ensuring they get corrected. If they fail to follow their plan then we issue violations. I attempt to use this judiciously so that I am sure there is a feasible fix that the water system can handle and that if they do fail to fix the problem, I have a good basis for calling it a violation. I agree the lack of chlorine residual is a real problem. However, since we don't have authority to require chlorination at this groundwater system and they have no record of TC or e.Coli positives, it's hard to justify calling it significant. I think the best approach is to get Brett to work with Wilson to increase the chlorine pump speed and help educate him on reading chlorine residuals. It's a slow process but I think best for long term success.

To the best of my knowledge, calling HRP-1s "significant" is a change in policy. I think the PMs I've worked with in the past would occasionally call an HRP-1 significant but not frequently. In some cases, they have had me designate one or two as significant in include information from the rule one what that meant and what the PWS's responsibilities were. I will need to re-think, and talk with you PMs about how and when to call something HRP-1.

Before we get started on the next go-round of surveys, it would be helpful if you folks could put together a summary of your adopted policies. I think we sometimes are not aware of what you are thinking and sometimes we think we know and we don't.

I can't say that I feel very strongly about this and generally our tiered deficiency structure is flawed. My reasoning for calling the arsenic issue a HRP #2 is that it is a critical defect and potential health hazard. I recognize that it's not an easy fix for this system and will likely take several more years to get fixed, however I think it should be highlighted as critical. I mainly want to keep the pressure on the water system to cooperate with IHS to get the HAMP in place in a reasonable time frame. I've polled my colleagues, in the interest of consistency, and the general consensus was a HRP #2 in this case.

I have never felt comfortable with the HRP system and its definitions. But we were not involved in the discussions when R-9 developed it. I certainly agree the MCL violation is a higher priority. I've changed it to HRP-2 and re-ordered the deficiencies.

Thanks again.

Dan

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From: Rapicavoli, Emmanuelle <Rapicavoli.Emmanuelle@epa.gov>

Sent: Monday, July 9, 2018 5:40 PM

To: Dan Fraser < dan.fraser@bresnan.net >
Cc: 'JanDee May' < mayid@bresnan.net >
Subject: RE: Sipaulovi & Mishongnovi

Hi Dan

Thanks for making changes on these two. See my comments below in blue to where you've asked questions. I think otherwise, they are good to be finalized. I will try to get you any feedback on the remaining reports ASAP.

Thanks!

From: dan.fraser@bresnan.net [mailto:dan.fraser@bresnan.net]

Sent: Thursday, July 5, 2018 9:59 AM

To: Rapicavoli, Emmanuelle < Rapicavoli. Emmanuelle@epa.gov >

Cc: 'JanDee May' < mayid@bresnan.net Subject: Sipaulovi & Mishongnovi

Emmanuelle:

We have addressed your comments in your text below. Also, I'm attaching the modified files; one set with this email and the second set with a following email

We also failed to address the population contributed by celebrations at Upper Moenkopi. I'm trying to get that information but, as you know, they are hard to get in touch with. I'm trying to get ahold of the governor and should be able to get some estimates from him.

Dan

Hi Dan,

I have a few more comments on SS reviews. Let me know if you didn't get my email from Monday (we've been having email problems).

I am out the next few days but will try to get through the rest next week. Thanks for your help.

Emmanuelle

1) Sipaulovi (0400107) -

As I remember we cut the meeting short because of some needing to be elsewhere and running out of time. Thus we didn't get the celebration numbers for Sipaulovi. JD talked to George and got them so we've tweaked the form, report and facility sheet.

- a. Overflow Screen Deficiency #1- I'm not sure I'd call this a health category #1. I can't tell what size mesh it is from the pics but it does not look that coarse. I agree that a flap gate would be a better solution. I would call it a health category 2 deficiency.

 OK
- b. Deficiency #2 Could you cite in your deficiency write-up the locations where the chlorine residuals were taken that were non-detect?
 - OK measurable at a home on the eastern side of the distribution system and 0.02... I also think this one should be a health category #2. They have not had any history of TC+ hits so it's tough to call it a significant deficiency. I agree they should be increasing their chlorine dosing to reach break through. I think the best approach is to get Brett to work with them on this. OK with HRP-2. **Question: Do you consider HRP-1s as "significant"?** I talked with George Mase about the residual (or lack of) and he seemed to take it seriously.

Typically we call Health Risk Priority #1 deficiencies as "significant deficiencies" which triggers a formal regulatory process for ensuring they get corrected. If they fail to follow their plan then we issue violations. I attempt to use this judiciously so that I am sure there is a feasible fix that the water system can handle and that if they do fail to fix the problem, I have a good basis for calling it a violation. I agree the lack of chlorine residual is a real problem. However, since we don't have authority to require chlorination at this groundwater system and they have no record of TC or e.Coli positives, it's hard to justify calling it significant. I think the best approach is to get Brett to work with Wilson to increase the chlorine pump speed and help educate him on reading chlorine residuals. It's a slow process but I think best for long term success.

c. I do not believe a T1 certification is required for a system of this complexity. I agree it should be a recommendation that he obtain a T1 certification but I don't think we can require it. I think our DIME screen has T1 has a default for all systems but we're now changing that for small GW systems that only need a D1 so that it shows up as N/A in the op cert field. I'm OK with this but thought EPA wanted certification in treatment if they disinfected (or otherwise treated the water). But, I re-read the September 20, 2016 materials sent by Jason regarding R-9's certification policies and noticed the paragraph near the bottom of the first page that says you consider certification in distribution to be adequate for ground water systems. So, I propose changing the deficiencies for both systems as follows:

Operator Certification (TP001 - O1, T1, M1 – Health Risk Priority 0). Wilson is certified in distribution but not in treatment. EPA Region 9 considers distribution certification adequate for ground water systems employing only chlorination, so certification in treatment is not required. However, SGEC believes that training and certification in treatment is useful and in the best interest of water users.

Recommendation: SGEC recommends that Wilson seek training and certification in treatment.

What is your policy regarding the very small water system certification?

Your edit looks good. We do not consider VSWS certification as meeting our requirement for operator certification for small groundwater systems with chlorination. We generally require a D1 cert for all small groundwater with chlorination systems that have no additional treatment. Technically small groundwater systems without chlorination are not required to have a certification but we highly encourage it. That's where the VSWS cert is useful but doesn't meet our op cert requirement under the disinfection by-product rule. For infrastructure funding we also require at least a D1 cert, so there is another incentive for water systems to get certified.

- d. I would combine deficiency #5 with #11. They are essentially the same issue, not enough operators for the two water systems. We can't really opine on how they run their porta potty business but we can say that Wilson needs assistance to effectively run both water systems.
 - OK George thought the porta potty business was a big issue but I've deleted #11 and tweaked #5. Wilson is responsible for the operation and maintenance of two public water systems in addition to other duties not related to the public water systems. As the person in responsible charge of two PWSs, his job is a 24-hours per day, seven days per week responsibility and cannot, given time off and sick leave, be handled by a single person.
- d. Arsenic MCL I would call this a health priority #2. It is a critical deficiency but I don't plan to call it significant because it will be handled through an administrative order.
 - I have it as a HRP-4. You want it changed to an HRP-2? OK with me but it doesn't seem to fit "should be corrected as workload allows" vs. "costly to correct" and "should be addressed in any long-range water system improvement project".
 - Let me know as I'll need to re-order the defs if it's a 2.

I can't say that I feel very strongly about this and generally our tiered deficiency structure is flawed. My reasoning for calling the arsenic issue a HRP #2 is that it is a critical defect and potential health hazard. I recognize that it's not an easy fix for this system and will likely take several more years to get fixed, however I think it should be highlighted as critical. I mainly want to keep the pressure on the water system to cooperate with IHS to get the HAMP in place in a reasonable time frame. I've polled my colleagues, in the interest of consistency, and the general consensus was a HRP #2 in this case.

2) Mishongnovi

a. Deficiency #1 – starts with "The water system clearly needs full-time disinfection as evidenced by regular hand-dosing of the storage tank with chlorine and the deficiencies associated with the storage tank and well." I did not see any well head deficiencies noted in the report so I would remove "well."

OK - done

- Deficiency #2 Can you estimate the mesh size of the existing screen?
 Hard to see given the access but it is probably around a 12-mesh. I prefer to call it a deficiency but am
 OK with HRP-2 which seems to fit better with Karl's March 7, 2017 assuming I'm correctly interpreting it.
 Sounds good.
- c. Deficiency #3 I don't think he needs T1 as noted above See response for Sipaulovi.
- d. Deficiency #4 Should be merged with #7 above. OK Deleted 7 and slightly tweaked #4.
- e. Arsenic MCL should be HP#2 as noted above. HRP-2 is what you want?

Dan L. Fraser P.E.

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